ultrasound (HIFU) in localized prostate cancer with respect to oncological and functional outcomes.
Materials and Methods: We enrolled 97, 161, 114 and 120 patients of RRP, HDRBT, cryoablation and HIFU respectively for localized prostate cancer from May 2008 to December 2013. PSA biochemical recurrence, salvage treatment-free rate, metastasis-free rate, and PSA biochemical recurrence-free survival were collected for oncological outcomes. Functional outcomes included complications and serial IIEF-5 scores, IPSS and related QoL scores.
Results: During nearly three years of follow-up, the patients of HDRBT experienced higher PSA biochemical recurrence rate overall (54.7%), as well as D'Amico intermediate-risk (34.4%) and high-risk (61.8%) groups, lower salvage treatment-free rate (46.7%), and metastasis-free rate (90.7%). Besides, the patients of RRP demonstrated higher urethral stricture (29.9%) and urinary incontinence rate (11.3%). The patients of HIFU revealed lower de novo erectile dysfunction rate at one year (65.6%), higher serial IIEF-5 scores, lower IPSS and related QoL scores.
Conclusion: Among the four treatments, the patients of HDRBT demonstrated the worst oncological outcomes in D'Amico intermediate and high-risk groups. Besides, the patients of RRP had more complications rate in urethral stricture and urinary incontinence. Moreover, the patients of HIFU experienced better urinary function improvement and more possible sexual function preservation. In consideration of trifecta, HIFU may provide equivalent cancer control and better quality of life for patients of localized prostate cancer.

PD3-5:
LAPAROSCOPIC RETZIUS-SPARING RADICALPROSTATECTOMY: A REVERSED EVOLUTION FROM ROBOTIC-ASSISTED RADICAL PROSTATECTOMY

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Purpose: Robot-assisted radical prostatectomy (RaRP) is viewed as the main surgical option in patients with localized prostate cancer. Robotic-assisted Retzius-sparing radical prostatectomy (Retzius-sparing RaRP) is also in development to achieve the trifecta (cancer free, continence and potency). For economic consideration, we modified the methodology using the same Retzius-sparing approach but with laparoscope.
Materials and Methods: A total of 5 patients underwentRetzius-sparing LRP from May to Augustof 2015. General characters of patients, perioperative parameters, functional and oncologic datas were collected. Patient position and trocar placement is identical with our conventional LRP. The steps of whole procedure were very similar to the method that SK Lim, et al. (BJU Int 2014; 114: 236–244) had published to describe the process of Retzius-sparing RaRP. Continence was defined as no need for pad in daily life.
Results: The average operative time was 213 minutesand the average amount of blood loss was195 ml. Two patients received bilateral NVB preserving while the other three patients received unilateral partial preserving. Four patients got immediate continence control at the first day after Foley removal. The other one had post-operative anastomotic leakage and initial mild stress urine incontinence but got recovery in 2 weeks.
Conclusions: At the very first time we show the Retzius-sparing LRP is a feasible option for localized prostate cancer. It might result in early continence control in our initial experience and with less economic cost-than RaRPfor patients. Further long-term prospective studies are needed to define the benefits of this method.

PD3-6:
THE ASSOCIATION OF INTERLEUKON-10 PROMOTER GENOTYPES TO TAIWANESE RENAL CELL CARCINOMA SUSCEPTIBILITY

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Purpose: Renal cell carcinoma (RCC) accounts for about 3% of all cancer-related mortalities worldwide and the risk factors for the development of RCC have not yet been fully elucidated. Mounting proteomic evidence suggests that inflammatory process plays a role in RCC etiology, and interleukin-10 (IL-10) is an important immunosuppressive cytokine. However, little is known about the contribution of IL-10 genotypes to RCC. The study aimed at evaluating the contribution of IL-10 promoter A-1082G (rs1800896), T-819C (rs3021097), A-592C (rs1800872) genetic polymorphisms to the risk of RCC in Taiwan.
Materials and Methods: Associations of the three IL-10 polymorphic genotypes with the risk of RCC were examined among 92 RCC patients and 580 age- and gender-matched cancer-free controls by polymerase chain reaction-restriction fragment length polymorphism (PCR-RFLP) methodology.
Results: The pilot results showed that the percentages of TT and TC for IL-10 T-819C genotypes were significantly higher in the RCC patient group than those in the healthy control group. The CC genotype carriers were of lower risk for RCC (odds ratio = 0.45, 95% confidence interval = 0.23-0.72, $p = 0.0033$). There is no difference in the distribution of A-1082G or A-592C genotype between the RCC and control groups.
Conclusions: In summary, the CC genotype of IL-10 T-819C genotype may have a protective effect on RCC risk in Taiwan. Further investigation with larger sample size in addition to genotype-phenotype correlation and intracellular mechanisms are our future work.